

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35314

State File No. _____

Registrar's No. 51

FILED NOV 8 1943

Registration District No. 15246

Primary Registration District No. 4338

1. PLACE OF DEATH:

(a) County Monroe
(b) City or town Monroe City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
526 East Summer St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 Years
years, months or days)

3. (a) PRINT

FULL NAME Emma Baxter

3. (b) If veteran,

name war None

3. (c) Social Security

No. None

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife George

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April

(Month)

10

(Day)

1864

(Year)

8. AGE:

Years

Months

Days

If less than one day

79

6

II

hr.

min.

9. Birthplace Louisiana

(City, town, or county)

Missouri

(State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name John Baxter

13. Birthplace D. K.

(City, town, or county)

9

(State or foreign country)

14. Maiden name Pathemia Baxter

15. Birthplace D. K.

(City, town, or county)

9

(State or foreign country)

16. (a) Informant Emmanuel Baxter

(b) Address Chicago, Ill

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof Oct 23/1943

(Month) (Day) (Year)

(c) Place: burial or cremation St. Judes, Monroe City

18. (a) Signature of funeral director Willard J. S. S.

(b) Address Monroe City, Mo.

19. (a) Oct 23 - 43

(Date received local registrar)

(b) Otis Heelberg

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe 069
(c) City or town Monroe City 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. 526 East Summer St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21
year 1943 hour 6 minute 45A. M.

21. I hereby certify that I attended the deceased from Aug 21 - 1942 to Oct 21 - 1943
that I last saw him alive on Oct 19 - 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

Spasmodic Bright's Disease
Due to _____
Due to _____

Other conditions similarly
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration

29m
hr
longer

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____

(Specify type of place) (e) Means of injury _____
23. Signature W. P. D. Office (M. D. or other) MO
Address Monroe City, Mo. Date signed 10/23/43

RECEIVED
District Health Officer No. 10
District File Number 6-43,1753
Date Filed NOV 5 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by By me
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Lester L. Wilson

Licensed Embalmer No. 3014

P. O. Address Manassas City, Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.